

Helpful Hints: The complete survey workbook is protected except for the cells where data is required. In almost every case the cell will be obvious and as close to the question as possible. In some cases the cell will appear to be too small for the requested data. You should still use the required cell as any data or text will automatically carry over into the next cell. **NOTE:** Your screen resolution must be set to 1024 X 768 or higher in order to view the worksheet tabs at the bottom of the workbook.

Enclosed is the 2006 Annual Hospital Statistical Survey. Act 368, P.A. 1978, Section 20141(5), as amended, reads:

"A health facility or agency shall provide the department with data and statistics required to enable the department to carry out functions required by federal and state law, including rules and regulations."

Compliance: Michigan Statute requires completion of this survey and the FAILURE TO COMPLETE IT IN A TIMELY MANNER MAY RESULT IN ENFORCEMENT ACTION, INCLUDING CIVIL FINES. The information you provide is used by the Department in conducting its review of future Certificate of Need applications. Therefore, the accuracy of the data and information reported on this questionnaire is essential.

Reporting Period: The reporting period for ALL facilities is Calendar Year 2006, January 1 through December 31. ALL FACILITIES must report using this reporting period.

Stanley I. Nash, (517) 241-3350, e-mail: nashs@michigan.gov. Each section that is completed must include the name, telephone number, e-mail URL, and fax number of the person completing that section if follow-up or verification of the data becomes necessary.

Medicaid: In compliance with MCL 333.22215(b), the Michigan Department of Community Health must monitor CON-approved applicants' participation in Title XIX of the Social Security Act (Medicaid). Therefore, additional information is requested for Medicaid Data.

If you have any questions regarding the assigned reporting period or questions regarding the survey, please contact Stanley I. Nash. Complete the attached EXCEL workbook and e-mail it to Stanley I. Nash; nashs@michigan.gov. The subject line of the e-mail must start with your "Hospital Facility Number" followed by the words "2006 Annual Hospital Statistical Survey."

This questionnaire must be completed and returned by February 23, 2007.